Children's Mental Health Waiver

Provider Procedure for: Transition to/from Out-of-Home Care

Implementation Date: 7/1/06

Revision Date: 9/1/07

Overview

There may be times and circumstances when the youth requires out of home care during their time on the waiver. Out-of-home care should be utilized as a community service resource, not a "placement".

Transition to out-of-home care should be decided by the /youth and his/her family with recommendations from the Family Care Team. Specific goals identified by the family to be addressed during this stay should be identified and communicated to the facility providing care and treatment of the youth.

Out of Home Care Goals:

- Utilize appropriate community service resources to protect the health and safety of the youth and family and to obtain appropriate mental health services to address acute issues/concerns.
- Prepare youth and family for youth's return to home, school, and community as soon as possible.

Transition from out-of-home care should be contingent upon the family having had sufficient support to feel confident in meeting the challenges at home and the availability of adequate formal and informal community supports to address the youth and family's needs.

 Underlying problems need not be fully resolved before a successful transition back home can take place.

Waiver Provider Roles and Responsibilities

Family Care Coordinator will:

- Convene and facilitate a Family Care Team meeting to discuss out-of-home care.
 - Advocate for and support the youth and family in the decision making process regarding the need for out-of-home care services.
- Gather information to be shared with the facility team relating to current services provided through the waiver service plan.
 - Gather and/or copy the following information and include it with the Team's information packets:
 - Current Individual Service Plan/Budget (WP-1)
 - Family Care Team Monthly Service Plan Reviews (FCC-1) for last three months
 - ISP Waiver Service Objective forms (FCT-1) for current service outcomes (this
 information is provided by the responsible Family Care Team member).
- Submit information packet to Waiver Program to coordinate and facilitate information sharing with the out of home care facility.
 - Provide identified information within 3 working days of the youth's admission to the facility.
- Notify prescribing clinician (if applicable) of out-of-home care stay so medication information can be shared with clinician from the out of home care facility if desired.
- Facilitate continuity of care and support family involvement in the out-of-home treatment planning and transition processes.
- Convene the Family Care Team to write an Out of Home Status Report (FCC-11) if the youth is in out-of-home care at the time the next quarterly Individual Service Plan/Budget is due.

- This document is handled following the same procedures, timelines, and routing as the Individual Service Plans.
- Monitor 120 day timelines regarding retention of a waiver opening for a youth in out of home care.
 - o If the youth's out of home care stay is less than 120 days, the Family Care Team has the option to develop an Individual Service Plan/Budget as part of their discharge transition planning for the youth with the criteria for this decision based on the significant changes that were made in the treatment provided by the out of home care facility.
 - The plan will be developed for implementation on the date of discharge from the out of home care facility.
 - Facility recommendations and service considerations for a youth coming from out-of-home care will be discussed as a part of the service plan development.
 - The youth/family will have final decision-making authority for service plan goals.
 - Team member will provide adequate information from their respective disciplines/areas of expertise to support informed decision-making by the family.

If the youth's out of home care stay is anticipated to or exceeds 120 days, convene the Family Care Team for a Discharge meeting prior to the 120th day of out of home care.

- This is a formal Team meeting where attendance by all Family Care Team members is required.
- The Discharge Plan form (FCC-10) is completed and submitted to the Waiver Program to formalize discharge and close the waiver record.
 - Documentation will be submitted to the Waiver Program within 10 working days of the identified discharge date.

Waiver Service Providers will:

- Provide information to support informed decision-making by family.
- Provide requested information to the Family Care Coordinator for sharing with the facility team relating to current services provided through the waiver service plan.
 - Gather and copy the following information and submit to the Family Care Coordinator within 2 working days of the youth's admission to the facility:
 - ISP Waiver Service Objective forms (FCT-1) for current outcomes/services and supports.
- Attend and participate in discharge meetings as appropriate.